

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/22/03.

### **I. DISPUTE**

Whether reimbursement in the amount of \$144.00 is recommended for the CPT code 95851 for the dates of service 06/07/02, 06/21/02, 07/05/02 and 09/26/02. The carrier denied services as "F-Disallowed; our records indicate this service/procedure is included in another service/procedure."

### **II. FINDINGS**

Requestor submitted a request to withdraw E1300 for dates of service 07/22/02 and 09/26/02 per letter dated 06/11/03.

### **III. RATIONALE**

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and denied services global for dates of service 06/07/02, 06/21/02, 07/05/02 and 07/22/02. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit.

Therefore, reimbursement is not recommended for dates of service 06/07/02, 06/21/02, 07/05/02 and 07/22/02.

### **IV. FINDINGS & DECISION**

The above Findings and Decision are hereby issued this 6th day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb